Fill ir	this information to identify your case:				x only as c	lirected in	this form and in	n Form
Debt	or 1 PEGGY SUE LAMB		122	2A-1Supp:				
Debt (Spou	or 2			■ 1. There	is no pres	umption o	of abuse	
Unite	ed States Bankruptcy Court for the: Middle District of To	ennessee	!	appli	es will be r	nade und	ine if a presump er <i>Chapter 7 Me</i>	
Case (if kno	e number wn)			☐ 3. The N		does not	apply now because it could apple	
				☐ Check		<u>'</u>	• • • • • • • • • • • • • • • • • • • •	y later.
∩ff	icial Form 122A - 1			L CHECK	11 11115 15 6	in amend	dea ming	
	apter 7 Statement of Your Cur	rent Mo	nthly Inc	ome				10/19
attach case r qualify Part	complete and accurate as possible. If two married people at a separate sheet to this form. Include the line number to whumber (if known). If you believe that you are exempted from ying military service, complete and file Statement of Exempted: Calculate Your Current Monthly Income What is your marital and filing status? Check one onl Not married. Fill out Column A, lines 2-11.	hich the addition a presumption from Presu	nal information a of abuse becau	applies. On se you do n	the top of a ot have pri	ny additio narily con	nal pages, write sumer debts or l	your name and because of
	☐ Married and your spouse is filing with you. Fill out	t hoth Columns	s A and B lines	2-11				
	■ Married and your spouse is NOT filing with you.		•					
	■ Living in the same household and are not legal	•	•	lumns A ar	nd B. lines	2-11.		
	Living separately or are legally separated. Fill o penalty of perjury that you and your spouse are le living apart for reasons that do not include evading	out Column A, I	ines 2-11; do no d under nonban	ot fill out Co kruptcy lav	lumn B. By that appli	checking		
10 the	I in the average monthly income that you received from all station (10A). For example, if you are filing on September 15, the 6-months, add the income for all 6 months and divide the total louses own the same rental property, put the income from that property.	onth period would by 6. Fill in the re	d be March 1 throus sult. Do not includ	ugh August 3 de any incom	11. If the amo	ount of you ore than o	r monthly income nce. For example,	varied during , if both
				Column A Debtor 1		Columi Debtor non-fil		
2.	Your gross wages, salary, tips, bonuses, overtime, a payroll deductions).	and commissi	ons (before all	\$ 2	,231.40	\$	0.00	
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.			\$	0.00	\$	0.00	
	All amounts from any source which are regularly pai of you or your dependents, including child support. from an unmarried partner, members of your household, and roommates. Include regular contributions from a spot filled in. Do not include payments you listed on line 3.	Include regula , your depende	r contributions ents, parents,	\$	0.00	\$	0.00	
5.	Net income from operating a business, profession, o							
			otor 1					
	Gross receipts (before all deductions)	\$ 0.00 -\$ 0.00	-					
	Ordinary and necessary operating expenses		Copy here ->	¢	0.00	\$	0.00	
	Net monthly income from a business, profession, or farm	n \$	Copy liele ->	Ψ	0.00	Ψ	0.00	
6.	Net income from rental and other real property	Del	otor 1					
	Gross receipts (before all deductions)	\$ 0.00						
	Ordinary and necessary operating expenses	-\$ 0.00	•					
	Net monthly income from rental or other real property	· 	Copy here ->	\$	0.00	\$	0.00	
	,							

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7. Interest, dividends, and royalties

0.00

0.00

			Column A Debtor 1		Column B Debtor 2 or non-filing spouse			
8.	Unemployment compensation			\$	0.00	\$	0.00	
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:	received was a bene	fit under	·		·		
	For you \$	0.	.00					
	For your spouse \$.00					
9.	Pension or retirement income. Do not include any ambenefit under the Social Security Act. Also, except as st not include any compensation, pension, pay, annuity, or United States Government in connection with a disabilit disability, or death of a member of the uniformed service pay paid under chapter 61 of title 10, then include that p does not exceed the amount of retired pay to which you if retired under any provision of title 10 other than chapt	tated in the next senter allowance paid by the sy, combat-related injuces. If you received any only to the extent a would otherwise be e	ence, do le lry or y retired that it	\$	0.00	\$	0.00	
10.	Income from all other sources not listed above. Spe							
	Do not include any benefits received under the Social S received as a victim of a war crime, a crime against hun domestic terrorism; or compensation, pension, pay, ann United States Government in connection with a disabilit disability, or death of a member of the uniformed service sources on a separate page and put the total below.	nanity, or internationa nuity, or allowance pai ry, combat-related inju	l or d by the iry or					
	•			\$	0.00	\$	0.00	
				\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00	
11.	Calculate your total current monthly income. Add lin each column. Then add the total for Column A to the tot		\$	2,231.40	+ \$ _	0.00		2,231.40
Part 12.	2: Determine Whether the Means Test Applies to Calculate your current monthly income for the year.						income	
	12a. Copy your total current monthly income from line 1	1		Сор	y line 11 l	nere=>	\$	2,231.40
	Multiply by 12 (the number of months in a year)						x 1	2
	12b. The result is your annual income for this part of the	e form				,	12b. \$ 2	26,776.80
13.	Calculate the median family income that applies to	you. Follow these step	ps:					
	Fill in the state in which you live.	TN						
	Fill in the number of people in your household.	2						
	Fill in the median family income for your state and size of To find a list of applicable median income amounts, go for this form. This list may also be available at the banks	online using the link s		in the separ			13. \$	58,254.00
14.	How do the lines compare?							
	14a. Line 12b is less than or equal to line 13. Or Go to Part 3.	n the top of page 1, ch	neck box	1, There is	no presum	nption of al	buse.	
	14b.	of page 1, check box 2	, The pre	esumption o	f abuse is	determine	d by Form 12	22A-2.
Part	3: Sign Below							
	By signing here, I declare under penalty of perjury	that the information o	n this sta	atement and	in any atta	achments i	s true and co	orrect.
	X /s/ PEGGY SUE LAMB							
	PEGGY SUE LAMB							
	Signature of Debtor 1							
	Date October 25, 2019							

Official Form 122A-1

Debtor 1	PEGGY SUE LAMB	Case number (if known)	

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.